

REQUEST FOR CORRECTED W-2



TO: DPA - CENTRAL PAYROLL

FROM: _____

SUBJECT: CORRECTED W-2 FOR 2006 CALENDAR YEAR

Employee's correct SSN _____

Employee's correct name,
Address and zip code

Agency's name, address and
zip code

Employee's incorrect SSN _____

Employee's incorrect name _____

Only enter items to be changed

| | PREVIOUSLY REPORTED | CORRECT INFORMATION | <u>DIFFERENCE</u> |
|-------------------------|---------------------|---------------------|-------------------|
| * Federal taxable gross | _____ | _____ | _____ |
| Medicare gross earnings | _____ | _____ | _____ |
| Medicare tax | _____ | _____ | _____ |
| **State taxable gross | _____ | _____ | _____ |

*Federal Taxable gross = dollars printed in box 1 on W2

**State Taxable gross = dollars printed in box 16 on W2

**I UNDERSTAND THAT CHARGES ASSESSED BY THE IRS FOR THIS
CORRECTED W-2 (W-2C) WILL BE THE RESPONSIBILITY OF THIS
AGENCY.**

AUTHORIZED SIGNATURE

DATE

**I UNDERSTAND THAT I AM GOING TO RECEIVE A W-2C AND A REFUND
OF MEDICARE TAX FROM THE STATE OF COLORADO AND WILL NOT
APPLY FOR A REFUND FROM THE IRS.**

EMPLOYEE SIGNATURE

DATE